



DEPARTMENT OF HEALTH & HUMAN SERVICES

Food and Drug Administration  
2098 Gaither Road  
Rockville MD 20850

Mr. Michael H. Foley  
Director, Technical Services  
KMI Diagnostics, Inc.  
8201 Central Avenue N.E.  
Suite P  
Minneapolis, MN 55432

JAN 29 2002

Re: k010790  
Trade/Device Name: Cortisol LIA  
Regulation Number: 21 CFR 862.1205  
Regulation Name: Cortisol (hydrocortisone and hydroxycorticosterone) test system  
Regulatory Class: Class II  
Product Code: NHG; CGR  
Dated: December 6, 2001  
Received: December 11, 2001

Dear Mr. Foley:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

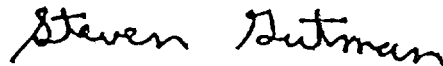
Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

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This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4588. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "<http://www.fda.gov/cdrh/dsma/dsmamain.html>".

Sincerely yours,

A handwritten signature in black ink that reads "Steven Gutman". The signature is written in a cursive style with a large, stylized "S" and "G".

Steven I. Gutman, M.D., M.B.A.  
Director  
Division of Clinical Laboratory-Devices  
Office of Device Evaluation  
Center for Devices and  
Radiological Health

Enclosure

## ATTACHMENT I

**Device Name:** Cortisol LIA Test Kit

### Indications for Use

The IBL Cortisol LIA kit provides materials for the quantitative determination of Cortisol in serum and saliva as an aid in the assessment of Cushing Syndrome and Addison's Disease. This assay is intended for in vitro diagnostic use only.

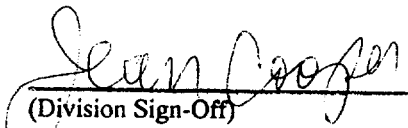
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### Concurrence of CDRH Office of Device Evaluation (ODE)

Prescription Use ☒

OR

Over-The-Counter Use       

  
(Division Sign-Off)  
Division of Clinical Laboratory Devices  
510(k) Number K010790

(Per 21 CFR 801.109)  
(Optional Format 1/2/96)